

**United States Bankruptcy Court
District of Nevada**

In re Freedom Munitions, LLC

Debtor(s)

Case No. 18-50615-btb

Chapter 11

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

20 Largest Unsecured Claims

Form 206: Summary of Assets and Liabilities

Schedule A/B: Property

Schedule D: Creditors Who have Claims Secured By Property

Schedule E/F: Creditors Who Have Unsecured Claims

Schedule G: Executory Contracts and Unexpired Leases

Schedule H: Codebtors

Form 207: Statement of Financial Affairs

Verification of Creditor Matrix (Supplemental)

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

Date: July 27, 2018



Robert E. Opera

Attorney for Debtor(s)

Winthrop Couchot Golubow Hollander, LLP

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GENERAL NOTES TO SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS

The Debtor submits its Schedules of Assets and Liabilities (the “Schedules”) and Statement of Financial Affairs (the “Statement”) pursuant to Section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

The Schedules and the Statement have been prepared by the Debtor’s current management with the assistance of certain of its professionals. The Debtor has endeavored to ensure that the Schedules and Statement are accurate and complete. The Debtor notes, however, the following matters with respect to the preparation of the Schedules and the Statement.

1. The Debtor’s proposed Chief Restructuring Officer (“CRO”) was appointed on or about June 7, 2018. Accordingly, the CRO has limited “institutional knowledge” regarding the Debtor’s financial affairs.
2. The Debtor has prepared the Schedules based largely upon its review of financial records in the Debtor’s possession that may have been prepared by former employees of the Debtor. Such financial records generally are not audited.

While the Schedules and the Statement are materially accurate to the best of the Debtor’s belief, under the circumstances of this case, the Debtor cannot warrant the accuracy and completeness of the Schedules and the Statement. The Debtor reserves the right to amend the Schedules and the Statement as appropriate based upon a subsequent receipt of information that may result in a change in the disclosures contained in the Schedules and the Statement.

Unless otherwise stated, the asset and liability data contained in the Schedules and the Statement are reflected as of June 8, 2018, the date the petition was filed in this Chapter 11 case (the “Petition Date”). Valuation methodologies are as indicated in the Schedules (e.g., orderly liquidation value or book value). Actual fair market values may differ materially from the values indicated.

It would be prohibitively expensive, unduly burdensome and extremely time-consuming to obtain current market valuations of the Debtor’s assets. Moreover, the value of certain assets, such as potential litigation claims, is impossible to determine at this time. Accordingly, in certain instances, values of assets are stated as “unknown” or “uncertain.” The reader therefore should not place undue reliance upon the values listed for the Debtor’s assets in the Schedules.

Any failure by the Debtor to designate a claim listed on the Debtor’s Schedules as “disputed,” “contingent” or “unliquidated” does not constitute an admission by the Debtor that such amount is not “disputed,” “contingent” or “unliquidated.” The Debtor reserves the right to subsequently designate any claim as “disputed,” “contingent” or “unliquidated.” The Debtor further reserves the rights to dispute, object to, assert counterclaims, rights of setoff, rights of recoupment, or defenses to, subordinate, avoid, and/or obtain reclassification of any claim or any interest in property securing such claim.

The dollar amounts of claims listed may be exclusive of contingent and unliquidated amounts, such as accrued interest or attorneys' fees and costs.

The claims of creditors for, among other things, merchandise, goods, services, or taxes may be listed as the lower of the amounts invoiced by such creditor or the amounts entered on the Debtor's books and records and may not reflect credits or allowances due from such creditors to the Debtor. The Debtor reserves all of its rights with respect to any such credits and allowances.

The identity of some of the holders of claims might have changed over time due to trading and/or transfer of certain of these claims. It is the Debtor's belief that, as of the Petition Date, the claims against the Debtor were held by the entities identified in the Schedules.

Each Schedule and the Statement is subject to further amendment by the Debtor.

SCHEDULE A/B DISCLAIMER

The Debtor has obtained no current appraisals of the value of these assets. The actual value of the assets listed may differ significantly from the amounts reflected in Schedule A/B.

GENERAL NOTES REGARDING SCHEDULE D

The Debtor reserves the right to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured claimant listed on Schedule D. Moreover, although the Debtor has scheduled secured claims on its Schedule D, the Debtor reserves all rights to dispute or challenge any secured nature of any claimant's claim or the characterization of the structure of any such transaction, or any document or instruments related to such claimant's claim.

Any failure by the Debtor to designate a claim on Schedule D as "contingent," "unliquidated" or "disputed" does not constitute an admission by the Debtor that such claim is not contingent, unliquidated, or disputed, and the Debtor reserves the right to dispute, or to assert offsets or defenses to, any claims reflected on Schedule D as to amount, liability, classification or otherwise and to subsequently designate any such claim as disputed, contingent or unliquidated.

Schedule D is subject to further amendment by the Debtor. The description provided for a claim in Schedule D is intended only to be a summary of such claim. Reference to the applicable credit agreement and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. Nothing herein shall be deemed a modification or interpretation of the terms of such agreements.

The Debtor reserves the right to assert that any claim listed on Schedule D with respect to equipment, an interest in which has been acquired by the Debtor, does not reflect a secured claim, but instead reflects a lease subject to the provisions of Section 365 of the Bankruptcy Code.

GENERAL NOTES REGARDING SCHEDULE E/F

The Debtor's characterization of the claims listed in Schedule E as priority claims is preliminary in nature and the Debtor reserves its rights to amend Schedule E, and/or dispute and challenge whether, and to what extent, such claims are entitled to priority.

The amounts stated in Schedule F for the claims of any parties to contracts with the Debtor do not include any claims for breach of contract or other damages; the stated amount is the amount of the account payable owing to the contract party as of the Petition Date in the Debtor's books and records.

The claims listed on Schedule F are subject to further review, reconciliation and amendment by the Debtor.

GENERAL NOTES REGARDING SCHEDULE G

While effort has been made to ensure the accuracy of Schedule G (Schedule of Executory Contracts and Unexpired Leases), the Debtor does not make, and specifically disclaims, any representation or warranty as to the validity or enforceability of contracts, agreements or documents listed in Schedule G. The Debtor hereby reserves the right to dispute the validity, status, characterization or enforceability of contracts, agreements and leases set forth in Schedule G and to amend or supplement Schedule G. By listing a contract or lease on Schedule G, the Debtor is not admitting that such contract or lease is an executory contract or lease pursuant to Section 365 of the Bankruptcy Code and reserves the right to dispute any such classification.

The Debtor reserves the right to assert that any lease listed in Schedule G is not a true lease but constitutes a secured transaction.

GENERAL NOTES REGARDING SCHEDULE H

The Debtor lists in Schedule H (Schedule of Co-debtors) any claimant that asserts that the Debtor and other entities are co-obligors to such claimant. The Debtor reserves the right to dispute that the Debtor and the other entities listed in Schedule H are co-debtors to the claimants listed therein. Without limiting the generality of the foregoing, the Debtor specifically denies that the United States Department of Treasury, Alcohol and Tobacco Tax and Trade Bureau has any allowed claim against the Debtor or any Debtor listed in Schedule H.

NOTES REGARDING CONSOLIDATION OF OPERATIONS

While the eight related Debtors are separate legal entities, the Debtors, other than Debtor Components Exchange, LLC (collectively, the “HMT Debtors”), generally have operated on a consolidated basis. The Debtors, together with two non-debtors, Twin River Contract Loading, Inc. and Big Canyon Environmental, LLC, have prepared financial statements on a consolidated basis. The HMT Debtors have used one cash management system to administer all receipts obtained by the HMT Debtors and all disbursement made by the HMT Debtors in connection with the operation of their businesses. All cash collected from revenues generated by the HMT Debtors is earned by Debtor Howell Munitions & Technology, Inc. (“HMT”) and deposited into one checking account held by HMT. Payroll and all other expenses incurred by the HMT Debtors are paid from this one checking account. HMT pays all expenses because HMT is the party that contracts with, and is indebted to, third parties for the operation of the Debtors’ businesses.

Based upon the consolidated nature of the HMT Debtors’ pre-petition operations, Schedules E and F for the HMT Debtors generally list the same obligations. Notwithstanding that fact, each creditor listed in Schedules E and F for the HMT Debtors is entitled to receive in the HMT cases distributions in an aggregate amount not to exceed the total amount of the creditor’s allowed claim.

Components Exchange’s operations largely have been maintained separately from the HMT Debtors. Accordingly, Schedules E and F for Components Exchange differ from Schedules E and F of the HMT Debtors.

The Debtor reserves the right to amend the Schedules, including Schedules E and F, as circumstances warrant.

Fill in this information to identify the case:Debtor name Freedom Munitions, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-50615-btb☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/26/18

x

Signature of individual signing on behalf of debtor

J. Michael Issa
Printed name

Proposed Chief Restructuring Officer
Position or relationship to debtor

7/22/18 10:40PM

Fill in this information to identify the case:

Debtor name **Freedom Munitions, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known): **18-50615-btb**
☐ Check if this is an
amended filing
Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
P Kay Metal, Inc Larry Kay 2448 E. 25th Street Los Angeles, CA 90058			Disputed Subject to Setoff			\$3,653,103.80
Midwest Brass, LLC 9254 US-31 West Olive, MI 49460			Disputed			\$553,667.00
Crow Shooting Supply 200 S. Front St. Montezuma, IA 80171			Disputed			\$473,476.29
Leader Tool Co Inc brian Gunn PO Box 66 Harbor Beach, MI 48441			Disputed			\$212,684.90
St. Marks Powder Jodi McIver PO Box 222 Saint Marks, FL 32327			Disputed			\$191,591.20
Luvata Appleton, LLC PO Box 200498 Pittsburgh, PA 15251			Disputed			\$148,247.28
Bitterroot Security & Inv. LL Terry Roberts 410 9th Street Clarkston, WA 99403			Disputed			\$118,000.00

7/22/18 10:40PM

Debtor **Freedom Munitions, LLC**
NameCase number (if known) **18-50615-btb**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Oracle America Ben Thorp 500 Oracle Parkway Redwood Shores, CA 94065			Disputed			\$115,773.00
UPS Lockbox 577 Carol Stream, IL 60132			Disputed Subject to Setoff			\$97,697.98
Anatolia Fisek Sanayi ve Ticar Engin Sanayi Cad. 110 Armutlu Kemalpasa Izmir, Turkey 35373-0000			Disputed			\$76,690.50
Binary Anvil Inc. 22525 SE 64th Place, Suite 257 Issaquah, WA 98027-5383			Disputed			\$73,611.64
Collier Electric Bryan & Laura Collier 1119 Van Arsdol Clarkston, WA 99403			Disputed			\$57,984.75
Wynalda Packaging Accounting 616 866 1561 8221 Graphic Drive Belmont, MI 49306			Disputed			\$57,227.01
Listrak 100 W. Millport Rd. Lilutz, PA 17543			Disputed			\$56,539.50
Comm Trade USA, Inc 1934 West Gray St., Ste. 200 Houston, TX 77019			Disputed			\$47,185.68
IMC-Metals America, LLC Marcia Melocik, Dorma 99 E. River Dr., Riverview Square 2 East Hartford, CT 06108			Disputed			\$40,621.70
Brand Makers LLC Amber Newell 464 South Main St. Spanish Fork, UT 84660			Disputed			\$39,700.00

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Debtor **Freedom Munitions, LLC**
NameCase number (if known) **18-50615-btb**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim- (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Capital One Visa Statement PO Box 30285 Salt Lake City, UT 84130			Disputed			\$37,372.46
STI International 114 Halmar Cove Georgetown, TX 78628			Disputed			\$31,904.00
Val Mundell 1438 Greco Drive Clarkston, WA 99403			Disputed			\$30,000.00

Fill in this information to identify the case:

Debtor name **Freedom Munitions, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-50615-btb**
☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00**1b. **Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **0.00**1c. **Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **0.00****Part 2: Summary of Liabilities**2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **23,079,000.00**3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **180,028.36**3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **7,961,888.05**4. **Total liabilities**

Lines 2 + 3a + 3b

\$ **31,220,916.41**

7/22/18 10:40PM

Fill in this information to identify the case:Debtor name Freedom Munitions, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-50615-btb
☐ Check if this is an amended filing
Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.

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Debtor Freedom Munitions, LLC
NameCase number (if known) 18-50615-btb☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.
☐ Yes Fill in the information below.**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	<u>2009 Hino Truck</u>	<u>Unknown</u>		<u>Unknown</u>
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.				\$0.00
52. Is a depreciation schedule available for any of the property listed in Part 8? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
53. Has any of the property listed in Part 8 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 9: Real property**54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.
☒ Yes Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

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Debtor **Freedom Munitions, LLC**
NameCase number (if known) **18-50615-btb**

55.1.	11243 Fuqua Street, Suite 1243, Houston, TX; Commercial Lease	Leasehold	Unknown	Unknown
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55.2.	17482-B Hwy 290 Houston, TX 77040	Leasehold	\$0.00	\$0.00
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.**\$0.00**

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No☐ Yes**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of
debtor's interest71. Notes receivable
Description (include name of obligor)72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit
has been filed)

See attached schedule

\$0.00

Nature of claim

Amount requested

\$0.0075. Other contingent and unliquidated claims or causes of action of
every nature, including counterclaims of the debtor and rights to
set off claims

76. Trusts, equitable or future interests in property

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Debtor **Freedom Munitions, LLC**
NameCase number (if known) **18-50615-btb**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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Debtor **Freedom Munitions, LLC**
NameCase number (if known) **18-50615-btb****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$0.00	
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$0.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$0.00

Freedom Munitions, LLC

Case No. 18-50615-btb

Form 206: Schedule A/B: Assets – Real and Personal Property

#74) Causes of action against third parties

<u>Third Party</u>	<u>Current Value of Debtor's Interest</u>
UPS	Unknown
United States Department of Treasury, Alcohol and Tobacco Tax and Trade Bureau	Unknown
Twin River Contract Loading, Inc.	Unknown
Big Canyon Environmental, LLC	Unknown
X-Treme Bullets Inc.	Unknown
Ammo Load Worldwide, Inc.	Unknown
Clearwater Bullet, Inc.	Unknown
Lewis-Clark Ammunition Components, LLC	Unknown
Howell Machine, Inc.	Unknown
Components Exchange, LLC	Unknown
Howell Munitions & Technology, Inc.	Unknown

Freedom Munitions, LLC

Case No. 18-50615-btb

Form 206: Schedule A/B: Assets – Real and Personal Property

#74) Causes of action against third parties

Z.B., N.A., dba Zions First National Bank	Unknown
CFO Solutions LLC, dba Advanced CFO	Unknown
Sussman Shank LLP	Unknown
Creason, Moore, Dokken & Geidl, PLLC	Unknown
David C. Howell	Unknown

7/22/18 10:40PM

Fill in this information to identify the case:Debtor name Freedom Munitions, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-50615-btb
☒ Check if this is an amended filing
Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?
☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.
Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Integrity Bank, SSB

Creditor's Name

4040 Washington Ave.
Houston, TX 77007

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Inventory, Chattel Paper, Accounts, Equipment, Furniture, and General Intangibles

Describe the lien

Idaho UCC-1 B201712007792

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

Column A

Amount of claim

Do not deduct the value of collateral.

\$250,000.00

Column B

Value of collateral that supports this claim

\$0.00

2.2 NMHG Financial Services, Inc.

Creditor's Name

P.O. Box 35701
Billings, MT 59107

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

All equipment now and hereafter leased by Debtor

Describe the lien

Idaho UCC-1 B20131121129-4,
B20131121124-9

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

\$0.00

\$0.00

7/22/18 10:40PM

Debtor **Freedom Munitions, LLC**
NameCase number (if know) **18-50615-btb**

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.
- ☐ Contingent
☐ Unliquidated
☒ Disputed

2.3 US Dept. of Treasury

Creditor's Name

Alcohol & Tobacco Tax & Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$5,329,000.00**\$0.00**

Describe the lien

Is the creditor an insider or related party?

- ☒ No
☐ Yes
 Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed

2.4 ZB. N.A., DBA Zions First National Bank

Creditor's Name

One South Main Street,
Suite 1400
Salt Lake City, UT 84130

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$17,500,000.00**\$31,650,000.00***
All personal property assets of the Debtor, including all inventory, chattel paper, accounts, equipment, furniture, and general intangibles

Describe the lien

Idaho UCC-1 B201311254039, B201411404068

Is the creditor an insider or related party?

- ☒ No
☐ Yes
 Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
☐ Unliquidated
☒ Disputed

*Represents estimated aggregate value of collateral provided by this Debtor, affiliated Debtors, and non-debtor entities.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$23,079,000.
00
Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

7/22/18 10:40PM

Debtor **Freedom Munitions, LLC**
Name

Case number (if know) **18-50615-btb**

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.
Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:

Debtor name **Freedom Munitions, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-50615-btb**
☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Aleksander Bukowy 4821 Gentry Lane Carson City, NV 89701 Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
2.2	Priority creditor's name and mailing address Antony Halks 631 Preston Ave #3 Lewiston, ID 83501 Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,307.25 \$1,307.25

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.3	Priority creditor's name and mailing address Arthur W Eaton 1395 53rd St N Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$10,484.78	\$10,484.78
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Benjamin Iverson 420 Vista Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,627.92	\$1,627.92
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Benjamin Prior 1628 9th Avenue Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,062.86	\$1,062.86
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Bradley Bjorkquist 3208 6th St C Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,314.10	\$1,314.10
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.7	Priority creditor's name and mailing address Bradley Gasper 1516 15th Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$3,053.82</u>	<u>\$3,053.82</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Brady King 618 Bryden Drive Apt D Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$3,220.65</u>	<u>\$3,220.55</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Brandon Dean 2575 Reservoir Rd Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$8,039.32</u>	<u>\$8,039.32</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Brenda L Anderson 3531 13th Street Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$685.08</u>	<u>\$685.08</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.11	Priority creditor's name and mailing address Brendon Martin 2728 17th St #202 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,295.05	\$1,295.05
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Brian A McCammon 411 3rd Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,114.26	\$2,114.26
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Brook Robinett 30100 Mission Creek Rd Culdesac, ID 83524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,057.40	\$1,057.40
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Bureau of Alcohol, Tobacco, Firearms and Explosives Public Governmental Affairs 99 New York Ave., NE Washington, DC 20226	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Freedom Munitions, LLC	Case number (if known)	18-50615-btb	
Name				
2.15	Priority creditor's name and mailing address California Dept. of Tax and Fee Admin. Special Operations Bkcty Team, MIC:74 PO Box 942879 Sacramento, CA 94279-0074 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.16	Priority creditor's name and mailing address Chad M Kaufmann 517 Airway Dr Lewiston, ID 83501 Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,610.22	\$3,610.22
2.17	Priority creditor's name and mailing address Chief Counsel FTB, Legal Dept. PO Box 1720, MS A-260 Rancho Cordova, CA 95741-1720 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For Notice Purposes Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.18	Priority creditor's name and mailing address Chris A Stout 1036 Hemlock Dr Lewiston, ID 83501 Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$960.93	\$960.93

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.19	Priority creditor's name and mailing address Christopher Hoit 272 Riverboat Road Dayton, NV 89403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$57.26	\$57.26
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Clark County Assessor c/o Bankruptcy Clerk 500 S. Grand Central Pkwy Box 551220 Las Vegas, NV 89155-1401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Clark County Treasurer c/o Bankruptcy Clerk 500 S. Grand Central Pkwy, Box 551220 Las Vegas, NV 89155-1401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Clayton J Holton 2321 Silver Sage Drive Carson City, NV 89701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Various		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.23	Priority creditor's name and mailing address Clayton L Seely 2805 9th Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$906.75	\$906.75
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Commodity Futures Trading Commission 1155 21st St. NW Washington, DC 20581	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Corey Van Zante 3710 14th Street C Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,375.00	\$1,375.00
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Dan Hellickson 1662 Ashley Drive Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$37.26	\$37.26
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.27	Priority creditor's name and mailing address Daniel Manuel Aguilar 419 2nd Avenue, Apt 3 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,665.30	\$1,665.30
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.28	Priority creditor's name and mailing address Dara R Bringman 336 5th St. Apt. B Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$6,633.20	\$6,633.20
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.29	Priority creditor's name and mailing address David C Howell 29978 Thiessen Rd Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,991.34	\$5,991.34
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.30	Priority creditor's name and mailing address David Sanborn 102 N 9th Street Kendrick, ID 83537	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$840.07	\$840.07
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Freedom Munitions, LLC**

Case number (if known)

18-50615-btb

2.31	Priority creditor's name and mailing address David Town 1014 15th St. Apt. 2 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$387.67</u>	<u>\$387.67</u>
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Date or dates debt was incurred

Various

Basis for the claim:

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.32	Priority creditor's name and mailing address Dept. of Employment, Training & Rehab Employment Security Division 500 East Third Street Carson City, NV 89713	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$0.00</u>	<u>\$0.00</u>
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

Is the claim subject to offset?

☒ No☐ Yes

2.33	Priority creditor's name and mailing address Don Crea 4034 S Garfield Spokane, WA 99203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$4,285.25</u>	<u>\$4,285.25</u>
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Date or dates debt was incurred

Various

Basis for the claim:

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

2.34	Priority creditor's name and mailing address Donald E Young 1411 Bryden Ave 6 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$788.42</u>	<u>\$788.42</u>
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Date or dates debt was incurred

Various

Basis for the claim:

Last 4 digits of account number

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No☐ Yes

Debtor	Freedom Munitions, LLC <small>Name</small>	Case number (if known)	18-50615-btb
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2.35	Priority creditor's name and mailing address Environmental Protection Agency Office of General Counsel 1200 Pennsylvania Ave., N.W. Washington, DC 20460	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.36	Priority creditor's name and mailing address Franchise Tax Board Bankruptcy Section, MS A340 PO Box 2952 Sacramento, CA 95812-2952	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.37	Priority creditor's name and mailing address Gary J Steckel 1901 7th Ave 4 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$154.58	\$154.58
Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.38	Priority creditor's name and mailing address Gloria Stolte 37279 Growler Point Road Reubens, ID 83548	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$559.50	\$559.50
Date or dates debt was incurred Various Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.39	Priority creditor's name and mailing address Idaho State Tax Commission Bankruptcy Division PO Box 36 Boise, ID 83722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$658.90	\$658.90
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Jacob T Maasdam 630 D Preston Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$6,435.60	\$6,435.60
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address James Chase 1703 Cedar Drive Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,346.16	\$1,346.16
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.43	Priority creditor's name and mailing address Jeff J Lohman PO Box 493 Julietta, ID 83535	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,558.90	\$4,558.90
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Jeffrey Alan Ackeret 2623 Sunset Dr Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,420.65	\$1,420.65
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Jeremy Jenkins 1804 15th Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$788.33	\$788.33
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Jessie M Baker 2130 Hillyard Drive Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$628.13	\$628.13
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.47	Priority creditor's name and mailing address Jesus Ramirez 2109 Idaho Street Carson City, NV 89701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,596.27	\$2,596.27
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.48	Priority creditor's name and mailing address John Kissler 3415 8th St Apt F Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$111.00	\$111.00
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.49	Priority creditor's name and mailing address Joseph Levi Seideman 1328 14 Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,432.04	\$0.00
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.50	Priority creditor's name and mailing address Joshua Wemlinger 1208 11th Avenue Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,470.94	\$1,470.94
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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2.51	Priority creditor's name and mailing address Karin Nelson 3207 6th Street C Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$3,240.48	\$3,240.48
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address Kathryn I Marion 304 Watson St Culdesac, ID 83524	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$3,269.83	\$3,269.83
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address Kelsey Dawn Wakefield 39565 Whispering Pines Lane Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,441.23	\$1,441.23
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address Kevin Robert Acree 1714 Burrell Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,102.50	\$1,102.50
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.55	Priority creditor's name and mailing address Krista Lathrop 1331 Boston St Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,943.51	\$2,943.51
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.56	Priority creditor's name and mailing address Kyle Taylor Garrison 824 7th Street Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$911.88	\$911.88
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.57	Priority creditor's name and mailing address Lisa McEwen 620 S B St. Grangeville, ID 83530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,359.08	\$1,359.08
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

2.58	Priority creditor's name and mailing address Lucas R. Evonne 5307 S Rome Cir Aurora, CO 80015	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$86.97	\$86.97
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Date or dates debt was incurred Various	Basis for the claim:
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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2.59	Priority creditor's name and mailing address Matt Dodson 161 Schuller Grade Road Yakima, WA 98908	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$5,295.86	\$5,295.86
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.60	Priority creditor's name and mailing address Matthew R Lerche 1919 Birch Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$10,756.38	\$10,756.38
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.61	Priority creditor's name and mailing address Matthew W Shaw 204 3rd street Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$713.70	\$713.70
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.62	Priority creditor's name and mailing address Michael Arthur Long 2031 Lone Mountain # 49 Carson City, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$983.40	\$983.40
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.63	Priority creditor's name and mailing address Michael Dal Harrell 3507 11th st lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$819.00	\$819.00
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.64	Priority creditor's name and mailing address Michael Mundy 3958 Foothill Drive Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred Various		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.65	Priority creditor's name and mailing address Michael Rogers 1627 18th Ave. Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,158.00	\$2,158.00
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.66	Priority creditor's name and mailing address Michael T Devin 1817 12th ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$2,893.78	\$2,893.78
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.67	Priority creditor's name and mailing address Mike Doxtator POB 1068 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$599.65 \$599.65
	Date or dates debt was incurred Various	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.68	Priority creditor's name and mailing address Nathan Dreadfulwater 1209 Grelle Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,155.75 \$1,155.75
	Date or dates debt was incurred Various	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.69	Priority creditor's name and mailing address Nathan W Karki 1718 1st Street Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,046.61 \$1,046.61
	Date or dates debt was incurred Various	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.70	Priority creditor's name and mailing address Nevada Department of Taxation 1550 College Parkway, Ste. 115 Carson City, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$96.41 \$96.41
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.71 Priority creditor's name and mailing address Nevada Department of Taxation Bankruptcy Section 4600 Kietzke Ln., Suite L-235 Reno, NV 89502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.72 Priority creditor's name and mailing address Nevada Department of Taxation Bankruptcy Section 555 E. Washington Ave., #1300 Las Vegas, NV 89101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.73 Priority creditor's name and mailing address Nevada Dept of Environmental Protection 2030 E. Flamingo Road, Suite 230 Las Vegas, NV 89119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

2.74 Priority creditor's name and mailing address Nevada Dept of Environmental Protection 901 S. Stewart Street, Suite 4001 Carson City, NV 89701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)☒ No☐ Yes

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2.75	Priority creditor's name and mailing address Raymond Dave Tyson 20840 NW Kachina Ave Redmond, OR 97756	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$60.00	\$60.00
	Date or dates debt was incurred Various	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.76	Priority creditor's name and mailing address Reymon Joseph Parot PO Box 854 Asotin, WA 99402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,440.60	\$1,440.60
	Date or dates debt was incurred Various	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.77	Priority creditor's name and mailing address Roberto Garza 2821 Lovelace Way Carson City, NV 89706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$64.64	\$64.64
	Date or dates debt was incurred Various	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.78	Priority creditor's name and mailing address Rodolfo Ahumada 293 Monte Cristo Drive Dayton, NV 89403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$338.10	\$338.10
	Date or dates debt was incurred Various	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.79	Priority creditor's name and mailing address Scott B Penton 1060 Canterwood Drive Moscow, ID 83843	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,897.59	\$4,897.59
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.80	Priority creditor's name and mailing address Sean Brady Becker 2611 Meadowlark Dr Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$3,974.72	\$3,974.72
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.81	Priority creditor's name and mailing address Secretary of the Treasury 1500 Pennsylvania Ave. NW Washington, DC 20220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.82	Priority creditor's name and mailing address Shaun Barclay 1815 Imnaha Lane Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$7,055.60	\$7,055.60
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.83 Priority creditor's name and mailing address Shawn Burke 147 Shiloh Dr Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,048.04 \$1,048.04
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Date or dates debt was incurred
Various

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

2.84 Priority creditor's name and mailing address Small Business Administration 1020 Main St., #290 Boise, ID 83702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.85 Priority creditor's name and mailing address Social Security Administration Office of the Regional Chief Counsel 160 Spear Street, Suite 800 San Francisco, CA 94105-1545	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 \$0.00
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Date or dates debt was incurred

Basis for the claim:

For notice purposes only

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.86 Priority creditor's name and mailing address Stephen S Howell 836 Frost Ln Clarkston, WA 99403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$9,154.57 \$9,154.57
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Date or dates debt was incurred
Various

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
 unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No
☐ Yes

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2.87	Priority creditor's name and mailing address Steven Michael Hill PO Box 562 Asotin, WA 99402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$719.47	\$719.47
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.88	Priority creditor's name and mailing address Tequis Garnett Penney PO Box 417 Lapwai, ID 83540	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$663.00	\$663.00
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.89	Priority creditor's name and mailing address Texas Workforce Commission Regulatory Integrity Division-SAU 101 E. 15th St., Room 556 Austin, TX 78778-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.90	Priority creditor's name and mailing address Timothy B Stevenson Sr P.O. Box 1805 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$4,707.12	\$4,707.12
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.91	Priority creditor's name and mailing address Timothy R Norris 904 25th Avenue # 201 Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$3,011.09</u>	<u>\$3,011.09</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.92	Priority creditor's name and mailing address Tobias D Thill 122 15th Avenue Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$11,325.61</u>	<u>\$11,325.61</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.93	Priority creditor's name and mailing address Travis Johnson 3333 1/2 5th St Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$1,233.48</u>	<u>\$1,233.48</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.94	Priority creditor's name and mailing address Trevor TJ Torrez 205 14th Ave Lewiston, ID 83501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$1,498.55</u>	<u>\$1,498.55</u>
Date or dates debt was incurred Various		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.95	Priority creditor's name and mailing address U.S. Department of Labor Occupational Safety & Health Admin. 200 Constitution Avenue, NW Room# N3626 Washington, DC 20210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.96	Priority creditor's name and mailing address U.S. Dept. of Treasury Alcohol and Tobacco Tax and Trade Bureau Office of Communications 1310 G Street, NW, Box 12 Washington, DC 20005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.97	Priority creditor's name and mailing address United States Attorney 100 W. Liberty Street, #600 Reno, NV 89501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For notice purposes only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.98	Priority creditor's name and mailing address United States Attorney's Office Attn: Civil Process Clerk 501 Las Vegas Blvd., South, Suite 1100 Las Vegas, NV 89101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.99 Priority creditor's name and mailing address US Securities & Exchange Commission Attn: Bankruptcy Counsel 444 S. Flower St., Ste. 900 Los Angeles, CA 90071-9591 Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: For notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00 \$0.00
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
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3.1 Nonpriority creditor's name and mailing address 823 D Street, LLC 823 D Street Lewiston, ID 83501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.2 Nonpriority creditor's name and mailing address A-L Compressed Gases, Inc. 4230 E Trent Ave Spokane, WA 99202 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.3 Nonpriority creditor's name and mailing address Absolute Machine Solutions 26387 Rocky Top Lane Lapwai, ID 83540 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.00
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3.4 Nonpriority creditor's name and mailing address Action Medical Inc PO Box 189 Newmann Lake, WA 99025 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$531.59
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3.5 Nonpriority creditor's name and mailing address ADP, Inc. PO Box 842875 Boston, MA 02284 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,985.22
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3.6 Nonpriority creditor's name and mailing address ADT Security Seives PO Box 371878 Pittsburgh, PA 15250-7878 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$633.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7 Nonpriority creditor's name and mailing address Advanced CFO 13601 W McMillan Rd #102 Boise, ID 83713 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8 Nonpriority creditor's name and mailing address Air Electric 5603 E. 3rd Ave. Spokane, WA 99212 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,932.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9 Nonpriority creditor's name and mailing address Alan Baker CO, LLC Sean PO Box 2128 San Francisco, CA 94083 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$695.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10 Nonpriority creditor's name and mailing address Alcobra Jeff Thomas 4510 N Freya St. Spokane, WA 99217 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$159.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11 Nonpriority creditor's name and mailing address Alex Rakos 710 Sunset Blvd. North, Unit B Sunset Beach, NC 28468 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12 Nonpriority creditor's name and mailing address Alexis Knowles 574 E. Lenign Drive Deltona, FL 32738 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.13	Nonpriority creditor's name and mailing address Alhambra PO Box 660579 Dallas, TX 75266-0579 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$161.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address All-American Publishing 5411 Kendall St. Boise, ID 83706 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$875.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address Allen Nicholas 412 Hopewell Rd. Maryville, TN 37801 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$229.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Allied Electronics, Inc Chris Iendquist Tom PO Box 2325 Fort Worth, TX 76113 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$1,455.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Alyssa Gambala 8460 W 91st St. Hickory Hills, IL 60457 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$1,920.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address American Security Brass & Reloading PO Box 9169 Greerton, Tauranga, New Zealand Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address AmeriPride Angel PO Box 1160 Bemidji, MN 56619-1160 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$1,737.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Ammo Direct P.O. Box 9169 Greerton, Tauranga, New Zealand Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21	Nonpriority creditor's name and mailing address Ammo Load Worldwide, Inc. 815 D Street Lewiston, ID 83501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address AmmoSeek LLC 404 Lindsay Court Berryville, VA 22611 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.23	Nonpriority creditor's name and mailing address Ample Supply Co john 1401 S. Prairie Drive Sycamore, IL 60178 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$242.00
3.24	Nonpriority creditor's name and mailing address Anatek Labs, Inc 1282 Alturas Drive Moscow, ID 83843 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,386.00
3.25	Nonpriority creditor's name and mailing address Anatolia Fisek Sanayi ve Ticar Engin Sanayi Cad. 110 Armutlu Kemalpasa Izmir, Turkey 35373-0000 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,690.50
3.26	Nonpriority creditor's name and mailing address Andrew Letter 2960 Carsty Circle De Pere, WI 54115 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.77

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3.27	Nonpriority creditor's name and mailing address Angela Berring 2404 Cypress Drive Saint Charles, MO 63301 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$88.00
3.28	Nonpriority creditor's name and mailing address Applied Industrial Tech, Inc Verna Aucutt PO Box 100538 Pasadena, CA 91189-0538 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$376.24
3.29	Nonpriority creditor's name and mailing address Armcor Cartridge Inc. Darren Newsom, Michelle 2872 US Hwy 93 North Victor, MT 59875 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$19,154.12
3.30	Nonpriority creditor's name and mailing address Art Salas 10629 Pisces Pl. El Paso, TX 79924 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$745.74
3.31	Nonpriority creditor's name and mailing address Asotin County Landfill 2901 Sixth Avenue Clarkston, WA 99403 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$83.68
3.32	Nonpriority creditor's name and mailing address Ater Wynne LLP 1331 NW Lovejoy, Ste. 900 Portland, OR 98209-3280 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,479.63
3.33	Nonpriority creditor's name and mailing address Automation Devices INC Jim Winschel 7050 W. Ridge Rd. Fairview, PA 16415 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,109.00

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3.34	Nonpriority creditor's name and mailing address Automation Direct PO Box 402417 Atlanta, GA 30384 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,714.50
<hr/>			
3.35	Nonpriority creditor's name and mailing address Avista Utilities 1411 E Mission Ave Spokane, WA 99252 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,669.12
<hr/>			
3.36	Nonpriority creditor's name and mailing address Bailey Kristiansson, LLC PO Box 104 Fulshear, TX 77441 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>UCC B201711892322; Terminated; For Notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.37	Nonpriority creditor's name and mailing address Barry Foster 7473 Rodebaugh Road Reynoldsburg, OH 43068 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.00
<hr/>			
3.38	Nonpriority creditor's name and mailing address Bear Hunting Media PO Box 168 West Fork, AR 72774 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
<hr/>			
3.39	Nonpriority creditor's name and mailing address Berggren Fritz 5135 Neal Ranch Rd. Colorado Springs, CO 80906 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$283.50
<hr/>			
3.40	Nonpriority creditor's name and mailing address Big Canyon Environmental, LLC 815 D Street Lewiston, ID 83501 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.41	Nonpriority creditor's name and mailing address Binary Anvil Inc. 22525 SE 64th Place, Suite 257 Issaquah, WA 98027-5383 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,611.64
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3.42	Nonpriority creditor's name and mailing address Bitterroot Bolt & Chain Co. Orin Triplett 2522 4th Ave. North Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$347.71
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3.43	Nonpriority creditor's name and mailing address Bitterroot Security & Inv. LL Terry Roberts 410 9th Street Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118,000.00
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3.44	Nonpriority creditor's name and mailing address Black Rifle Coffee Company 381 West Ironwood Dr. Salt Lake City, UT 84115 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,212.21
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3.45	Nonpriority creditor's name and mailing address Blake Brockman 7400 Center Ave., Apt. 317 Cerritos, CA 90703 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
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3.46	Nonpriority creditor's name and mailing address Blue Cross of Idaho PO Box 6948 Boise, ID 83707 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,350.37
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3.47	Nonpriority creditor's name and mailing address Blue Mountain Containers Brandon Dean PO Box 1869 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,033.68
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3.48	Nonpriority creditor's name and mailing address Blue Ribbon Supply Inc PO Box 798 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$9,538.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Bosnian Austrian Security Serv Nedzib Bungur Debelo Brdo 43 70 000 Sarajevo Bosnia and Herzegovina Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Brand Avalanche Media, LLC. Travis Horton 4343 16th Ave., #161 Moline, IL 61265 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Brand Makers LLC Amber Newell 464 South Main St. Spanish Fork, UT 84660 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$39,700.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Brandon Kobberdahl 15357 67th Ave. North Maple Grove, MN 55311 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$165.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Brian Elledge 17451 SE Ten Eyck Rd. Sandy, OR 97055 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$19.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Brian McVickers 3035 N. Tarra Ave., Suite 1 Prescott, AZ 86301 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$4,623.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Bryce Kidd 3213 Lew Wallace Drive Clovis, NM 88101 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230.20
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3.56	Nonpriority creditor's name and mailing address Buchanan Automation Inc PO Box 1249 Snohomish, WA 98291 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$344.78
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3.57	Nonpriority creditor's name and mailing address C.Bennett Services, Inc PO Box 2362 Cypress, TX 77410 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,273.25
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3.58	Nonpriority creditor's name and mailing address Camp Cabin & Home 2119 4th Ave. North Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.12
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3.59	Nonpriority creditor's name and mailing address Canon One Canon Park Melville, NY 11747 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,800.00
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3.60	Nonpriority creditor's name and mailing address Canon Financial Serivces 14904 Collections Center Drive Chicago, IL 60693-0149 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,544.25
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3.61	Nonpriority creditor's name and mailing address Canon Solutions America 15004 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,589.37
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3.62	Nonpriority creditor's name and mailing address Capital Cartridge LLC Brian 9702 Wallisville Rd., Suite B Houston, TX 77013 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$158,880.15
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3.63	Nonpriority creditor's name and mailing address Capital One Visa Statement PO Box 30285 Salt Lake City, UT 84130 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,372.46
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3.64	Nonpriority creditor's name and mailing address Cascade Columbia Distribution Greg Switzer 6900 Fox Ave. South Seattle, WA 98108 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,321.46
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3.65	Nonpriority creditor's name and mailing address Catalyst Medical Group Christine Thomas 2315 8th Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,443.37
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3.66	Nonpriority creditor's name and mailing address CED - Consolidated Electrical Terry, Gaye PO Box 398855 San Francisco, CA 94139-8855 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,657.87
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3.67	Nonpriority creditor's name and mailing address Century Link PO Box 91155 Seattle, WA 98111 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$562.21
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3.68	Nonpriority creditor's name and mailing address Century Spring Corp 231274 Momentum Pl. Chicago, IL 60689 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820.37
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3.69	Nonpriority creditor's name and mailing address Chad Rager 17259 Castle Ct. Purcellville, VA 20132 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address Charter Business - 25 Stokes PO Box 60188 Los Angeles, CA 90060 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$2,148.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address Chemetall - Oakite Products, I Hans Juergensen 22040 Network Place Chicago, IL 60673-1220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$2,905.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address Chemithon Surface Finishing, I Dale Flinchbaugh 5430 W. Marginal Way SW Seattle, WA 98106 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$2,588.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Chemix Corp. 412 E. Commonwealth Ave., Ste. 1 Fullerton, CA 92832 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$4,828.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Chris Hayes 362 Reservoir Drive Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Chris James 4020 Preserve Crossing Lane Cumming, GA 30040 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$692.09 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Chris Wood 320 Shen Elk Plaza Elkton, VA 22827 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.77	Nonpriority creditor's name and mailing address Christian Domagall 4121 98th Ave. NE Circle Pines, MN 55014 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.09
3.78	Nonpriority creditor's name and mailing address Christopher Koolhof 11965 Norman Lane Auburn, CA 95603 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169.00
3.79	Nonpriority creditor's name and mailing address City of Cameron City of Cameron PO Box 8332 Cameron, TX 76520 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.80	Nonpriority creditor's name and mailing address City of Jersey Village 16501 Jersey Drive Jersey Village, TX 77040 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.39
3.81	Nonpriority creditor's name and mailing address City of Lewiston PO Box 617 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,349.22
3.82	Nonpriority creditor's name and mailing address Clarkston Auto & Truck Parts 507 Third St. Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.00

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3.83	Nonpriority creditor's name and mailing address Clayton Hewitt 7509 N Sycamore Ave Kansas City, MO 64158 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.56
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3.84	Nonpriority creditor's name and mailing address Clean Harbors Env. Services In PO Box 3442 Boston, MA 02241-3442 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,282.94
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3.85	Nonpriority creditor's name and mailing address Clearwater Bullet, Inc. 153 Southport Ave., Building 4 Lewiston, ID 83501 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.86	Nonpriority creditor's name and mailing address Clearwater Medical Clinic 1522 17th Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.87	Nonpriority creditor's name and mailing address Clearwater Propane PO Box 675 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,126.57
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3.88	Nonpriority creditor's name and mailing address CNC Pros International, INC 1582. E. Bramble Ln. Meridian, ID 83642 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$561.83
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3.89	Nonpriority creditor's name and mailing address Coleman Oil Company PO Box 1308 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118.04
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3.90	Nonpriority creditor's name and mailing address Collier Electric Bryan & Laura Collier 1119 Van Arsdol Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$57,984.75
3.91	Nonpriority creditor's name and mailing address Columbia Electric Supply Nate, Rusty, Eric, Josh, Jason 8100 NE ST. Johns Rd., E 102 Vancouver, WA 98665 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12,670.30
3.92	Nonpriority creditor's name and mailing address Comcast PO Box 660618 Dallas, TX 75266 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$282.15
3.93	Nonpriority creditor's name and mailing address Comcast Business PO Box 34744 Seattle, WA 98124 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00
3.94	Nonpriority creditor's name and mailing address Comm Trade USA, Inc 1934 West Gray St., Ste. 200 Houston, TX 77019 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$47,185.68
3.95	Nonpriority creditor's name and mailing address Community Impact Newspaper 16225 Impact Way, Ste. One Pflugerville, TX 78660 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,880.00
3.96	Nonpriority creditor's name and mailing address Complete Capital Services, Inc. 22811 Greater Mack Ave., Ste. 203 Saint Clair Shores, MI 48080 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Various machinery and tools: spindle; tool holder; turning tool; drill body</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$0.00

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3.97 Nonpriority creditor's name and mailing address Components Exchange Molly K 21530 Buckskin Ln. Peck, ID 83545 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$111,434.80
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3.98 Nonpriority creditor's name and mailing address Components Exchange, LLC 815 D Street Lewiston, ID 83501 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
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3.99 Nonpriority creditor's name and mailing address Comstock Propane Inc 36 Miles Rd. Carson City, NV 89706 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.14
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3.100 Nonpriority creditor's name and mailing address Concept Automation Systems Debbie Byrd 3633 Research Way, #101 Carson City, NV 89706 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,045.30
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3.101 Nonpriority creditor's name and mailing address Corporation Service Company, as Rep Attn: Legal Dept. PO Box 2576 Springfield, IL 62708 Date(s) debt was incurred <u>UCC 20160095207C</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 Nonpriority creditor's name and mailing address Covert Madison 3004 Hubbarthd Place New Smyrna Beach, FL 32168 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
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3.103 Nonpriority creditor's name and mailing address Craig Draper 8842 W Mornin Mist St. Boise, ID 83709 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
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3.104	Nonpriority creditor's name and mailing address Creason, Moore, Dokken & Geidl PO Box 835 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$105.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.105	Nonpriority creditor's name and mailing address Crow Shooting Supply 200 S. Front St. Montezuma, IA 80171 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$473,476.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.106	Nonpriority creditor's name and mailing address Culligan, LLC. PO Box 8332 Moscow, ID 83843 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$739.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.107	Nonpriority creditor's name and mailing address Custom Fluid Power Inc Darren Butters 16083 N Franklin Blvd. Ste. 1 Nampa, ID 83687 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$177.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.108	Nonpriority creditor's name and mailing address Custom Master/Flo King VALERIE 401 Lake Bennett Ct. Longwood, FL 32750-6341 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$1,217.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address DaJo Trucking, Inc. 4093 Lucky Lane Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$5,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110	Nonpriority creditor's name and mailing address Danglers Inc. 35 Oakdale Ave. Johnston, RI 02818 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$2,085.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111 Nonpriority creditor's name and mailing address Daniel Atkinson 3840 N Vine Tucson, AZ 85719 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$77.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112 Nonpriority creditor's name and mailing address Darcy Richard 91 Wynnewood Ct. Freehold, NJ 07728 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$46.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113 Nonpriority creditor's name and mailing address David Chang 412 Foxcroft Circle Royersford, PA 19468 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$529.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.114 Nonpriority creditor's name and mailing address David Howell PO Box 1903 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$435,262.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115 Nonpriority creditor's name and mailing address David Lane 8850 Chumash Ln Riverside, CA 92509 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$41.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116 Nonpriority creditor's name and mailing address Davis Brian 1056 Creekside Ct., Unit 1A Wheeling, IL 60090 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$151.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.117 Nonpriority creditor's name and mailing address Dayton Lamina 500 Progress Road Dayton, OH 45449 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$8,710.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address Deburring Equipment Manufactri TIM 3248 Hillside Ave. Norco, CA 92860 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.119	Nonpriority creditor's name and mailing address Deductible Recovery Group Ame Janaszek PO Box 6068-01 Hermitage, PA 16148-1068 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,811.00
3.120	Nonpriority creditor's name and mailing address Derek Jump 730 W. Wilshire Blvd., Suite 114 Oklahoma City, OK 73116 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.121	Nonpriority creditor's name and mailing address Die-Namic, Inc Sue Leonard PO Box 30516, Dept. 7006 Lansing, MI 48909-8016 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,805.00
3.122	Nonpriority creditor's name and mailing address Douglas Newton 2400 W. Morrell Jackson, MI 49203 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.25
3.123	Nonpriority creditor's name and mailing address East Side Plating Debbie Bergland 8400 SE 26th Place Portland, OR 97202 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.43
3.124	Nonpriority creditor's name and mailing address Emir Hidir 1382 Sokak 8/3 Alsancak Ismir Turkey 35220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,019.48

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3.125	Nonpriority creditor's name and mailing address Emir Hidir 1382 Sokak 8/3 Alsancak Ismir Turkey 35220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.126	Nonpriority creditor's name and mailing address Engin Hidir 1382 Sokak 8/3 Alsancak Ismir Turkey 35220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.127	Nonpriority creditor's name and mailing address Environ-Metal, Inc. Tina Larsen-Sales Rep <u>tlarson@hevishot</u> 1307 Clark Mill Street Sweet Home, OR 97386 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$26,500.00
<hr/>			
3.128	Nonpriority creditor's name and mailing address Eric Nelson 2104 14th Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.129	Nonpriority creditor's name and mailing address eShipping LLC Jessica O'Leary PO Box 775332 Chicago, IL 60677-5332 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,598.09
<hr/>			
3.130	Nonpriority creditor's name and mailing address Estes Express Line PO Box 25612 Richmond, VA 23260 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,473.52
<hr/>			
3.131	Nonpriority creditor's name and mailing address Falkor Defense Teri Bell 2902 US Hwy 93 North Kalispell, MT 59912 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,655.00

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3.132	Nonpriority creditor's name and mailing address Fastenal Company 2001 Theurer Blvd. Winona, MN 55987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address Fastenal NVCAR0715 PO Box 1286 Winona, MN 55987-1286 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.68
3.134	Nonpriority creditor's name and mailing address Fastenal NVCAR0796 PO Box 1286 Winona, MN 55987 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,101.31
3.135	Nonpriority creditor's name and mailing address Fastenal WACOV2418 PO Box 1286 Winona, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$762.35
3.136	Nonpriority creditor's name and mailing address FedEx Freight Dept CH PO Box 10306 Palatine, IL 60055 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,006.10
3.137	Nonpriority creditor's name and mailing address Fisher Systems 2117 12th Ave. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$629.64
3.138	Nonpriority creditor's name and mailing address FMG Publications 12345 World Trade Drive San Diego, CA 92128 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

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3.139	Nonpriority creditor's name and mailing address Fort Worth Engineering 850 Grapevine Trail Kennedale, TX 76060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,493.50
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3.140	Nonpriority creditor's name and mailing address Francisco Magallanes 6778 Orizaba Ave. Long Beach, CA 90805 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.25
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3.141	Nonpriority creditor's name and mailing address Frasier Transport Inc. Holly Bell 8171 E. Executive Ave. Nampa, ID 83687 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
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3.142	Nonpriority creditor's name and mailing address Freedom Munitions, LLC 815 D Street Lewiston, ID 83501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143	Nonpriority creditor's name and mailing address Freight Quote.com Derek Wiles, Rep PO Box 9121 Minneapolis, MN 55480-9121 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,033.86
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3.144	Nonpriority creditor's name and mailing address Fuqua Park Row, LLC c/o Mike Little J.M. Little Attorney at Law, P.C. 5718 Westheimer, Suite 1840 Houston, TX 77099 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,330.31
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3.145	Nonpriority creditor's name and mailing address Gary's Pool & Spa Service LLC 1113 14th Ave. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.41
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3.146	Nonpriority creditor's name and mailing address GatorMan Bartow 5805 Ivey Lane Hahira, GA 31632 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00
3.147	Nonpriority creditor's name and mailing address General Tool & Supply Co. 116 9th Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,034.53
3.148	Nonpriority creditor's name and mailing address George's Lock & Kew Service 1728 Main Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$524.57
3.149	Nonpriority creditor's name and mailing address Global Industrial Brian 29833 Network Pl. Chicago, IL 60673 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$359.94
3.150	Nonpriority creditor's name and mailing address Goldenwest Lubricants Mitzy Macias 1937 Mount Vernon Ave. Pomona, CA 91768 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,582.64
3.151	Nonpriority creditor's name and mailing address Gordon Partners 4900 Woodway Drive #1125 Houston, TX 77056 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,793.00
3.152	Nonpriority creditor's name and mailing address Grainger Linda Fetuu PO Box 419267 Kansas City, MO 64141 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,174.11

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3.153	Nonpriority creditor's name and mailing address Greenia Matt 588 Timberland Drive Atlanta, GA 30342 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.99
3.154	Nonpriority creditor's name and mailing address Gregory Tappan P.O. Box 755 Stayton, OR 97383 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$833.91
3.155	Nonpriority creditor's name and mailing address Guardian Heating 929 16th Ave. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,602.32
3.156	Nonpriority creditor's name and mailing address GunsAmerica LLC 5930 Royal Ln., Ste. E PMB 329, TX 75230 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,934.66
3.157	Nonpriority creditor's name and mailing address Hahn Supply, Inc. 2101 Main Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,320.00
3.158	Nonpriority creditor's name and mailing address Hammond Fredrick 9802 Magellan Drive Key Largo, FL 33037 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.25
3.159	Nonpriority creditor's name and mailing address Hampton Inn & Suites Carson Ci 10 Hospitality Way Carson City, NV 89706 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$715.95

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3.160	Nonpriority creditor's name and mailing address Hangtown Range Hangtown Range 1540 Broadway Placerville, CA 95667 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,188.13
3.161	Nonpriority creditor's name and mailing address Henry Thomas 21 Churchill Downs Drive St. Peters, MO 63376 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.48
3.162	Nonpriority creditor's name and mailing address Heriberto Martinez 10 Vista Rd. Reading, PA 19610 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.45
3.163	Nonpriority creditor's name and mailing address High Sierra Business Systems 2814 N Carson St. Carson City, NV 89706 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$351.25
3.164	Nonpriority creditor's name and mailing address Howell Construction 29978 Thiessen Road Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,977.85
3.165	Nonpriority creditor's name and mailing address Howell Machine, Inc. 815 D Street Lewiston, ID 83501 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166	Nonpriority creditor's name and mailing address Howell Munitions & Technology, Inc. 815 D Street Lewiston, ID 83501 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.167	Nonpriority creditor's name and mailing address Huber Action Freight PO Box 709 Colfax, WA 99111 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.61
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3.168	Nonpriority creditor's name and mailing address IMC-Metals America, LLC Marcia Melocik, Donna 99 E. River Dr., Riverview Square 2 East Hartford, CT 06108 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,621.70
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3.169	Nonpriority creditor's name and mailing address Industrial Hearing Service Inc. 12021 NE Summer St. Portland, OR 97220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$353.16
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3.170	Nonpriority creditor's name and mailing address Inland NW Metallurgical Services 16203 E Marietta Ave Spokane, WA 99216 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00
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3.171	Nonpriority creditor's name and mailing address Instructure Inc 6330 S. 3000 East, Ste. 700 Salt Lake City, UT 84121-6237 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,124.25
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3.172	Nonpriority creditor's name and mailing address Integrity Bank, SSB 4040 Washington Ave. Houston, TX 77007 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.173	Nonpriority creditor's name and mailing address Isaac Jacks 19 Maplecrest Dr. Charleston, SC 29412 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.174	Nonpriority creditor's name and mailing address Jack Landis 216 S California St Yerington, NV 89447 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.73
<hr/>			
3.175	Nonpriority creditor's name and mailing address Jagemann Stamping Company George Klaybourne 5757 W. Custer St. Manitowoc, WI 54220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
<hr/>			
3.176	Nonpriority creditor's name and mailing address Jansen Jones 3790 Foothill Drive Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.177	Nonpriority creditor's name and mailing address Jeff Carson 2320 Commerce Street Tacoma, WA 98402 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
<hr/>			
3.178	Nonpriority creditor's name and mailing address Jeff McClain 5147 Canary Lane Nampa, ID 83687 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$117.08
<hr/>			
3.179	Nonpriority creditor's name and mailing address Jeffrey Romanowski 6569 Kali Dr. Eldersburg, MD 21784 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.04
<hr/>			
3.180	Nonpriority creditor's name and mailing address Jeremy Buck 12405 S. Alcan St. Olathe, KS 66062 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,153.10

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3.181	Nonpriority creditor's name and mailing address Jeremy TTAG 1205A Glenda Dr. Round Rock, TX 78681 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,586.50
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3.182	Nonpriority creditor's name and mailing address Jerry Savage 5073 Dyer Lane Taylorsville, UT 84129 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.64
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3.183	Nonpriority creditor's name and mailing address Joey Hayashi 262 Tangerine Drive Buda, TX 78610 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$224.46
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3.184	Nonpriority creditor's name and mailing address John Hendrickson 19412 Pompano Ln., Unit 105 Huntington Beach, CA 92648 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.48
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3.185	Nonpriority creditor's name and mailing address John Johnson 803 Shirez Drive Grovetown, GA 30813 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.75
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3.186	Nonpriority creditor's name and mailing address John McClintin 9701 Trumbull SE Albuquerque, NM 87123 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265.26
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3.187	Nonpriority creditor's name and mailing address John Visscher 10038 River Drive Gibson, FL 33534 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.09
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3.188	Nonpriority creditor's name and mailing address Jones, Brower & Callery, PLLC Bob Brower 1304 Idaho St. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
<hr/>			
3.189	Nonpriority creditor's name and mailing address Jordan Morkved 502 S. Davis St. Walton, IN 46994 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
<hr/>			
3.190	Nonpriority creditor's name and mailing address Jose Luis Fernandez 7119 Ilex Street Houston, TX 77087 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,815.00
<hr/>			
3.191	Nonpriority creditor's name and mailing address Joseph Cambern 629 N 96th Street Mesa, AZ 85207 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.48
<hr/>			
3.192	Nonpriority creditor's name and mailing address Joseph Chase 434 Linden Ave Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For notice purposes only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.193	Nonpriority creditor's name and mailing address Julio S Chavez 8888 Citrus Ave., Unit C-22 Fontana, CA 92335 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$198.79
<hr/>			
3.194	Nonpriority creditor's name and mailing address KC Auto Paint & Supplies 151 Thain Road Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$610.90

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3.195 Nonpriority creditor's name and mailing address Keith Katzenberger 1825 Powers Drive Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$1,125.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196 Nonpriority creditor's name and mailing address Kelly's Cleaning Service 3536 8th St. C Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$198.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.197 Nonpriority creditor's name and mailing address Kendal Watkins 102 Spinnaker Circle Daytona Beach, FL 32119 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.198 Nonpriority creditor's name and mailing address Kenneth B. Reed One Hancock Dr. Lompoc, CA 93436 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$1,044.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.199 Nonpriority creditor's name and mailing address Keyence Corp. of America Andy Scheller Dept. CH 17128 Palatine, IL 60055-7128 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$1,248.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.200 Nonpriority creditor's name and mailing address Krieger Barrels, Inc. David/ Sandy 2024 Mayfield Rd. Ritchfield, WI 53076 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$530.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.201 Nonpriority creditor's name and mailing address Laird Plastics Ron McKay 7017 E. Mission Ave. Spokane Valley, WA 99212-1198 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$899.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.202 Nonpriority creditor's name and mailing address Landscapes By Design 721 Bryden Ave Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.25
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3.203 Nonpriority creditor's name and mailing address Larysa Unleashed LLC 8218 Santa Rosa Ct. Sarasota, FL 34243 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,166.67
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3.204 Nonpriority creditor's name and mailing address Lax Firing Range 234 S. Hindry Ave. Inglewood, CA 90301 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
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3.205 Nonpriority creditor's name and mailing address Leader Tool Co Inc brian Gunn PO Box 66 Harbor Beach, MI 48441 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212,684.90
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3.206 Nonpriority creditor's name and mailing address Lee Biegert 1371 CR 317 La Vernia, TX 78121 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.00
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3.207 Nonpriority creditor's name and mailing address Lee Bolduc 2733 N. Power Rd., Ste. 102 Mesa, AZ 85215 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,035.77
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3.208 Nonpriority creditor's name and mailing address Lewis Clark Recyclers PO Box 1687 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,578.50
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3.209	Nonpriority creditor's name and mailing address Lewis-Clark Ammunition Components, LLC 815 D Street Lewiston, ID 83501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210	Nonpriority creditor's name and mailing address Lewiston Auto Parts 208-746-1322 FOR LOCAL ORDERS PO Box 2648 Hayden, ID 83835 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$124.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.211	Nonpriority creditor's name and mailing address Lewiston Sprinkler Company 1602 16th Ave. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$114.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.212	Nonpriority creditor's name and mailing address Liberty Mutual Insurance PO Box 85307 San Diego, CA 92186 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,464.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.213	Nonpriority creditor's name and mailing address LifeMap Assurance Company PO Box 6840 Portland, OR 97228 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,048.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.214	Nonpriority creditor's name and mailing address Lindsey Monroe 1986 Shubert Ln. Port Orange, FL 32128 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address Listrak 100 W. Millport Rd. Lilitz, PA 17543 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,539.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.216	Nonpriority creditor's name and mailing address Logicbroker, Inc Craig Regan One Enterprise Drive, Ste. 425 Shelton, CT 06484 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
<hr/>			
3.217	Nonpriority creditor's name and mailing address Lolo Sporting Goods, Inc. 1026 Main St. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.218	Nonpriority creditor's name and mailing address Loomis Dept. CH 10500 Palatine, IL 60055 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,294.30
<hr/>			
3.219	Nonpriority creditor's name and mailing address Luis Chirino 661 Brea Canyon Road Unit 7 Walnut, CA 91789 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$572.10
<hr/>			
3.220	Nonpriority creditor's name and mailing address Luvata Appleton, LLC PO Box 200498 Pittsburgh, PA 15251 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148,247.28
<hr/>			
3.221	Nonpriority creditor's name and mailing address Maintenance Connection Inc Jeff Ruter 1477 Drew Ave., Ste. 103 Davis, CA 95616 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,318.56
<hr/>			
3.222	Nonpriority creditor's name and mailing address Mark Ginter 9695 Coyote Ct. Noblesville, IN 46060 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.47

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3.223	Nonpriority creditor's name and mailing address Martin Heald 112 Kearsarge Valley Rd. Wilmot, NH 03287 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$116.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	Nonpriority creditor's name and mailing address McMaster-Carr Supply Co PO Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$1,150.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.225	Nonpriority creditor's name and mailing address Media Lodge, Inc PO Box 2511 Kennesaw, GA 30156 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$23,923.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226	Nonpriority creditor's name and mailing address Mesa County Sheriff's Office 544 Rood Ave. Grand Junction, CO 81502 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$7,129.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.227	Nonpriority creditor's name and mailing address Miami Police Depot, Inc. 2640 W. 84th St. Hialeah, FL 33016 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.228	Nonpriority creditor's name and mailing address Michael Carnes 10841 Prairie Lane Mokena, IL 60448 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$73.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.229	Nonpriority creditor's name and mailing address Michael Jackson 25111 Linda Vista Dr. Laguna Hills, CA 92653 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. \$207.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.230	Nonpriority creditor's name and mailing address Michael McWhorter 3159 Bear Hollow Road Uniontown, OH 44685 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$828.64
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3.231	Nonpriority creditor's name and mailing address Michael Nguyen 2085 Marter Ave. Simi Valley, CA 93065 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85.68
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3.232	Nonpriority creditor's name and mailing address Michael White 2001 Vintners Ct. Raleigh, NC 27610 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.40
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3.233	Nonpriority creditor's name and mailing address Midwest Brass, LLC 9254 US-31 West Olive, MI 49460 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$553,667.00
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3.234	Nonpriority creditor's name and mailing address Mike Kasaba 18635 Filmore St. Livonia, MI 48152 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11.88
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3.235	Nonpriority creditor's name and mailing address Mike Plouffe 509 Runnymede Ct. Fayetteville, NC 28314 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$507.23
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3.236	Nonpriority creditor's name and mailing address Milan Blagojevic-Namenska A.D. Radnicka bb 32240 Lucani Republic of Serbia Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237 Nonpriority creditor's name and mailing address

**Miles Chemical
12801 Rangoon St.
Arieta, CA 91331**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$1,844.05**

3.238 Nonpriority creditor's name and mailing address

**Mitch Savoie
825 Ombrage Rd.
Carencro, LA 70520**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$1,016.96**

3.239 Nonpriority creditor's name and mailing address

**Moss Adams LLP
PO Box 101822
Pasadena, CA 91189-1822**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$17,183.00**

3.240 Nonpriority creditor's name and mailing address

**Motion Industries, Inc
ken
9922 E. Montgomery, Units 18 & 19
Spokane Valley, WA 99206**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$3,285.89**

3.241 Nonpriority creditor's name and mailing address

**Mound House True Value Hardware
10189 Hwy 50 E
Carson City, NV 89706**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$1,065.92**

3.242 Nonpriority creditor's name and mailing address

**MSC Industrial Supply Co
PO Box 953635
Saint Louis, MO 63195**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$4,661.63**

3.243 Nonpriority creditor's name and mailing address

**Mytota, Inc.
12435 Tesuque Dr
Apple Valley, CA 92308**Date(s) debt was incurred Various

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**\$4,000.00**

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3.244	Nonpriority creditor's name and mailing address National Machinery, LLC Tammi Dryfus 161 Greenfield Street Tiffin, OH 44883 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,699.16
3.245	Nonpriority creditor's name and mailing address NET Global 359 W. Elm Street Penbroke, MA 02359 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.246	Nonpriority creditor's name and mailing address Nevada Employment Security Div 500 E Third St. Carson City, NV 89713-0030 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.247	Nonpriority creditor's name and mailing address Nevada Occupational Health Cen PO Box 21226 Carson City, NV 89721 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,169.88
3.248	Nonpriority creditor's name and mailing address Nickolaus Mans 173 Fischer Spur, GA 30265 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$684.91
3.249	Nonpriority creditor's name and mailing address Nicole Laurel Brown 1851 N. Green Valley Parkway, #621 Henderson, NV 89074 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,693.68
3.250	Nonpriority creditor's name and mailing address NMHG Financial Services, Inc. P.O. Box 35701 Billings, MT 59107 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.251 Nonpriority creditor's name and mailing address North Coast Electric 4105 North Gov't Way Coeur d' Alene, ID 83815 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,269.61
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3.252 Nonpriority creditor's name and mailing address Northwestern Mutual PO Box 2062 Milwaukee, WI 53201 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,800.00
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3.253 Nonpriority creditor's name and mailing address Novation, Inc. 2616 N. Locust Rd. Spokane, WA 99206 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
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3.254 Nonpriority creditor's name and mailing address Nu-Systems, Inc 1266 Dresslerville Rd. Gardenville, NV 89721 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
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3.255 Nonpriority creditor's name and mailing address Nuvodia, LLC 801 S Stevens Street Spokane, WA 99204 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,424.00
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3.256 Nonpriority creditor's name and mailing address NV Energy PO Box 30065 Reno, NV 89520 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,484.42
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3.257 Nonpriority creditor's name and mailing address Oak Harbor Freight PO Box 1469 Auburn, WA 98071 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,642.34
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3.258	Nonpriority creditor's name and mailing address Old Dominion Freight Lines PO Box 742296 Los Angeles, CA 90074-2296 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,142.29
3.259	Nonpriority creditor's name and mailing address Oracle America Ben Thorp 500 Oracle Parkway Redwood Shores, CA 94065 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,773.00
3.260	Nonpriority creditor's name and mailing address Orange County Sherrif's Office PO Box 445 Orange, VA 22960 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$2,508.57
3.261	Nonpriority creditor's name and mailing address Oxarc 1513 3rd Ave Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$667.25
3.262	Nonpriority creditor's name and mailing address P Kay Metal, Inc Larry Kay 2448 E. 25th Street Los Angeles, CA 90058 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$3,653,103.80
3.263	Nonpriority creditor's name and mailing address Pacific Steel & Recycling Cindy Hanson PO Box 1570 Hayden, ID 83835 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,060.64
3.264	Nonpriority creditor's name and mailing address Packaging Corporation of Ameri Tawnya McKinney PO Box 51584 Los Angeles, CA 90051 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,313.39

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3.265	Nonpriority creditor's name and mailing address Pape Material Handling H40FT Tim Timmerman PO Box 5077 Portland, OR 97208-0507 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$928.99
3.266	Nonpriority creditor's name and mailing address Parallel Group 1380 Hamel Road Hamel, MN 55340 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.267	Nonpriority creditor's name and mailing address Parallel, LLC Parallel, LLC 1380 Hamel Rd. Medina, MI 55340 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,001.02
3.268	Nonpriority creditor's name and mailing address Patrick Harvey 2818 Cambridge Rd. Lake Worth, FL 33462 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.00
3.269	Nonpriority creditor's name and mailing address PCB Piezotronics, Inc. Steve 3425 Walden Ave. Depew, NY 14043 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,655.00
3.270	Nonpriority creditor's name and mailing address Perfection Tire of Lewiston 533 Thain Road Lewiston, ID 83501 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$843.96
3.271	Nonpriority creditor's name and mailing address Phillip A Swiderski Sr 15971 Smokey Hollow Road Traverse City, MI 49686 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.42

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3.272	Nonpriority creditor's name and mailing address Pinnacle Investigations Corp 920 N Argonne Rd., Ste. 200 Spokane Valley, WA 99212 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.63
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3.273	Nonpriority creditor's name and mailing address Pitney Bowes PO Box 371874 Pittsburgh, PA 15250 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,084.98
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3.274	Nonpriority creditor's name and mailing address Pivot Precision 1-716-625-8000 6550 Campbell Blvd. Lockport, NY 14094-9228 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,188.25
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3.275	Nonpriority creditor's name and mailing address Precision One Ammo 2071 Wambaw Creek Road Charleston, SC 29492 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
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3.276	Nonpriority creditor's name and mailing address Precision Punch Corporation 304 Christian Ln. Berlin, CT 06037 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,634.68
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3.277	Nonpriority creditor's name and mailing address Primeland Cooperatives P.O. Box 467 Lewiston, ID 83501 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.91
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3.278	Nonpriority creditor's name and mailing address Raul Sotelo 19439 Rosebud Ridge Way Spring, TX 77379 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$231.00
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3.279	Nonpriority creditor's name and mailing address Reaco, LLC Katie Burg PO Box 2468 Kearney, NE 68848 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,296.00
<hr/>			
3.280	Nonpriority creditor's name and mailing address Rex Layton 1134 6th St. Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,150.00
<hr/>			
3.281	Nonpriority creditor's name and mailing address Richard James & Associates Inc 4317 NE Thurston Way, Ste. 270 Vancouver, WA 98662 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
<hr/>			
3.282	Nonpriority creditor's name and mailing address Richard Withers 8110 201st Street East Spanaway, WA 98387 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.96
<hr/>			
3.283	Nonpriority creditor's name and mailing address Robert Hartshorn 7012 NE 141st Ct Vancouver, WA 98682 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.02
<hr/>			
3.284	Nonpriority creditor's name and mailing address Robert Kee 91103 Youngs River Road Astoria, OR 97103 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.04
<hr/>			
3.285	Nonpriority creditor's name and mailing address Robert Stopa 1101 S Hunt Club Dr., Apt 412 Mt. Prospect, IL 60056 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.30

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3.286 Nonpriority creditor's name and mailing address Robert Wallace 2298 Willow Street Pike Lancaster, PA 17602 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.287 Nonpriority creditor's name and mailing address Rodeo Internet Services 909 6th St. Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$792.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.288 Nonpriority creditor's name and mailing address Rolf Johnsen 39 Greenwood Drive South San Francisco, CA 94080 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$69.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.289 Nonpriority creditor's name and mailing address Ronnie Earle 61 Wilderness Ct. Harpes Ferry, WV 25425 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$313.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.290 Nonpriority creditor's name and mailing address Royal Diversified Products, Inc PO Box 444 Warren, RI 02885-0444 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,870.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.291 Nonpriority creditor's name and mailing address Royal Metal Industries, Inc Visanu Chawla 7240 Sycamore Canyon Blvd. Riverside, CA 92508 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,415.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.292 Nonpriority creditor's name and mailing address Rudolph's Auto Service 508 Beachey Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$79.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.293	Nonpriority creditor's name and mailing address Rudy Zaruba 10202 Russet Field Ct. Houston, TX 77070 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$12,115.52
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3.294	Nonpriority creditor's name and mailing address Ryan Pattman 1201 Canterbury Blvd. Altus, OK 73521 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.00
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3.295	Nonpriority creditor's name and mailing address S & A Wood Specialties larry 1323 A Ripon Ave. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,009.00
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3.296	Nonpriority creditor's name and mailing address SAAMI Randy 11 Mile Hill Rd. Newton, CT 06470 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
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3.297	Nonpriority creditor's name and mailing address Safety- Kleen Systems 1200 Marietta Way Sparks, NV 89431 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.28
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3.298	Nonpriority creditor's name and mailing address Saginaw Machine Systems Dave Albert 800 N. Hamilton St. Saginaw, MI 48602-4354 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,400.00
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3.299	Nonpriority creditor's name and mailing address Saia Motor Freight PO Box 730532 Dallas, TX 75373 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.62
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3.300	Nonpriority creditor's name and mailing address Schurman's True Value 801 6th Street Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.90
3.301	Nonpriority creditor's name and mailing address Schwab's Screw Machine Product 24458 Webb Rd. Lapwai, ID 83540 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$6,925.61
3.302	Nonpriority creditor's name and mailing address Sean Blakely 2671 SW Windship Way Stuart, FL 34997 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$271.38
3.303	Nonpriority creditor's name and mailing address Seaport Machine 1719 13th Street Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,130.00
3.304	Nonpriority creditor's name and mailing address Shumaker, Loop & Kendrick 240 S. Pineapple Ave. Sarasota, FL 34236 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,992.74
3.305	Nonpriority creditor's name and mailing address Silver State Bullets, LLC Jim & Diane House PO Box 2270 Dayton, NV 89403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
3.306	Nonpriority creditor's name and mailing address Southwest Gas PO Box 98890 Las Vegas, NV 89193 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.307	Nonpriority creditor's name and mailing address Spokane House of Hose Gerry Zinkgraf 5520 E. Sprague Ave. Spokane Valley, WA 99212 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,009.41
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3.308	Nonpriority creditor's name and mailing address Spokane Packaging 3808 N. Sullivan Rd., Bldg #21 Spokane, WA 99216 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,988.69
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3.309	Nonpriority creditor's name and mailing address SPS Commerce, Inc. PO Box 205782 Dallas, TX 75320 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.10
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3.310	Nonpriority creditor's name and mailing address St. Marks Powder Jodi McIver PO Box 222 Saint Marks, FL 32327 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191,591.20
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3.311	Nonpriority creditor's name and mailing address Staples Business Advantage PO Box 83689, Dept. LA Chicago, IL 60696-3689 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,386.13
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3.312	Nonpriority creditor's name and mailing address Starline, Inc Debbie Myers 1300 W. Henry Sedalia, MO 65301 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313	Nonpriority creditor's name and mailing address Steve Olson 562 East Wigeon Way Suisun City, CA 94585 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.25
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3.314	Nonpriority creditor's name and mailing address Steven Robedeau 1643 Grayfriars Holt, MI 48842 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$432.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315	Nonpriority creditor's name and mailing address STI Brasil (Tactical Gear Imports) AV. Professor Mario Werneck 2275 Bairro Buritis Belo Horizonte Minal Gerais, Brazil Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.316	Nonpriority creditor's name and mailing address STI International 114 Halmar Cove Georgetown, TX 78628 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$31,904.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.317	Nonpriority creditor's name and mailing address Stonebraker McQuary Insurance Don McQuary PO Box 9 Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$15,243.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.318	Nonpriority creditor's name and mailing address Sunnen Products Co. PO Box 952481 Saint Louis, MO 63195 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$325.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.319	Nonpriority creditor's name and mailing address Sutherland Asbill & Brennan LL 999 Peachtree St., NE, Ste. 2300 Atlanta, GA 30309-3996 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,635.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.320	Nonpriority creditor's name and mailing address TalkingLead, LLC 306 Royal Glen Blvd. Murfreesboro, TN 37128 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$6,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.321	Nonpriority creditor's name and mailing address Taylor Stanley 40 Santiago Road Debary, FL 32713 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51.75
3.322	Nonpriority creditor's name and mailing address Team Wilson Combat 2452 CR 719 Berryville, AR 72616 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.323	Nonpriority creditor's name and mailing address Tharco PO Box 51584 Los Angeles, CA 90051 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.324	Nonpriority creditor's name and mailing address The High Road Group, Inc. Ron Bice, Michelle Pawelek 1492 S. Seguin Ave. New Braunfels, TX 78130 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,999.90
3.325	Nonpriority creditor's name and mailing address Thermal Mod 19830 SW Teton Ave Tualatin, OR 97062 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.326	Nonpriority creditor's name and mailing address Thiessen Oil Co Kerri Jones, Tarrin, Allen, Jay 815 Snake River Ave. Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,820.00
3.327	Nonpriority creditor's name and mailing address Tim Henrich 137 Fieldview Drive Greencastle, PA 17225 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

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3.328	Nonpriority creditor's name and mailing address Timothy Charbonneau 479 Hennessey Road Enosburg Falls, VT 05450 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.25
3.329	Nonpriority creditor's name and mailing address TLR Nicole 11855 NE Glenn Winding Dr. Portland, OR 97220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.330	Nonpriority creditor's name and mailing address Tony Lacoste 700 Millcreek Lane Leander, TX 78641 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$563.45
3.331	Nonpriority creditor's name and mailing address Total Logistics Resource 11855 NE Glenn Winding Dr. Portland, OR 97220 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.332	Nonpriority creditor's name and mailing address Travelers PO Box 660317 Dallas, TX 75266 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,404.00
3.333	Nonpriority creditor's name and mailing address Travers Tool Co, Inc 128-15 26th Ave. Flushing, NY 11354 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.08
3.334	Nonpriority creditor's name and mailing address Travis Pattern & Foundry 1413 E. Hawthorne Rd. Spokane, WA 99217 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,221.78

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3.335	Nonpriority creditor's name and mailing address Treasure Valley Coffee PO Box 6145 Kennewick, WA 99336 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.94
3.336	Nonpriority creditor's name and mailing address Trevor Ellico 6393 Orangewood Drive Rancho Cucamonga, CA 91701 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
3.337	Nonpriority creditor's name and mailing address Twin River Contract Loading, Inc. 815 D Street Lewiston, ID 83501 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.338	Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,484.80
3.339	Nonpriority creditor's name and mailing address Unis "Ginex" d.d. Gorazde Visegradska bb 73000 Gorazde, Bosnia and Herzegovina Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.340	Nonpriority creditor's name and mailing address United Tool Corporation 3718 E Newby Street Suite 108 Nampa, ID 83687 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.341	Nonpriority creditor's name and mailing address UPS Lockbox 577 Carol Stream, IL 60132 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$97,697.98

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3.342	Nonpriority creditor's name and mailing address US Dept. of Treasury Alcohol & Tobacco Tax & Trade Bureau 550 Main Street, Suite 8002 Cincinnati, OH 45202-5215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.343	Nonpriority creditor's name and mailing address USF Reddaway, Inc 26401 Network Place Chicago, IL 60673-1264 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$4,667.84
3.344	Nonpriority creditor's name and mailing address Val Mundell 1438 Greco Drive Clarkston, WA 99403 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.345	Nonpriority creditor's name and mailing address Valley Car Sales JUDY HOBSON 1801 Main Street Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.346	Nonpriority creditor's name and mailing address Valley Drug Testing PO Box 861 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.347	Nonpriority creditor's name and mailing address Valley Vision, Inc. 111 Main Street Suite 130 Lewiston, ID 83501 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.348	Nonpriority creditor's name and mailing address Vanguard PO Box 28067 New York, NY 10087 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,795.67

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3.349 Nonpriority creditor's name and mailing address Velocity EHS 586 Argus Rd., Ste. 201 Ontario, Canada L6J3J3 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,925.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.350 Nonpriority creditor's name and mailing address Verizon Wireless PO Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$469.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.351 Nonpriority creditor's name and mailing address Victoria Johnson 1551 Mobile Ave. Daytona Beach, FL 32117 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.352 Nonpriority creditor's name and mailing address Vista Outdoor Sales, LLC SDS 12-0312, PO Box 86 Minneapolis, MN 55486 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.353 Nonpriority creditor's name and mailing address Visual Marketing 17102 Cypress Knee Drive Cypress, TX 77429 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,280.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.354 Nonpriority creditor's name and mailing address Ward Zinn 1204 Carrie Lane NW Piedmont, OK 73078 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$104.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.355 Nonpriority creditor's name and mailing address Waste Management - All Capital Sanitation PO Box 541065 Los Angeles, CA 90054-1065 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,797.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name

3.356	Nonpriority creditor's name and mailing address Wastewater Engineers, Inc. 210 Coy Court Oxford, MI 48371 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,200.00
3.357	Nonpriority creditor's name and mailing address Wayne Dalton PO Box 676576 Dallas, TX 75267 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>For Notice Purposes Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358	Nonpriority creditor's name and mailing address WCP Solutions 15321 E. Marietta Spokane Valley, WA 99216 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,520.65
3.359	Nonpriority creditor's name and mailing address Webscale Networks 201 Ravendale Drive Mountain View, CA 94043 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,645.36
3.360	Nonpriority creditor's name and mailing address Wells Fargo Equipment Finance 300 Tri-State International Suite 400 Lincolnshire, IL 60069 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,400.00
3.361	Nonpriority creditor's name and mailing address Wells Fargo Equipment Finance Manufacturer Services Group PO Box 7777 San Francisco, CA 94120-7777 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,333.05
3.362	Nonpriority creditor's name and mailing address Western Analytical 13744 Monte Vista Ave. Chino, CA 91710 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,490.00

Debtor	Freedom Munitions, LLC Name	Case number (if known)	18-50615-btb
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3.363	Nonpriority creditor's name and mailing address William Zimmerman 18502 Bonney Lake Blvd. E Bonney Lake, WA 98391 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.08
<hr/>			
3.364	Nonpriority creditor's name and mailing address Wilson Tool Intl. Ali Swanson 12912 Farnham Ave. White Bear Lake, MN 55110 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,116.19
<hr/>			
3.365	Nonpriority creditor's name and mailing address Womack Everett 50 Cherokee Lane Blue Ridge, GA 30513 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$915.75
<hr/>			
3.366	Nonpriority creditor's name and mailing address Wynalda Packaging Accounting 616 866 1561 8221 Graphic Drive Belmont, MI 49306 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,227.01
<hr/>			
3.367	Nonpriority creditor's name and mailing address X-Treme Bullets, Inc. 25 Stokes Drive Carson City, NV 89706 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.368	Nonpriority creditor's name and mailing address XPO Logistics, Inc 27724 Network Place Chicago, IL 60673-1277 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,494.00
<hr/>			
3.369	Nonpriority creditor's name and mailing address YRC Freight 10990 Roe Avenue Overland Park, KS 66211 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$158.87

Debtor **Freedom Munitions, LLC**
NameCase number (if known) **18-50615-btb**

3.370 Nonpriority creditor's name and mailing address ZB. N.A., DBA Zions First National Bank One South Main Street, Suite 1400 Salt Lake City, UT 84130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.371 Nonpriority creditor's name and mailing address Zoro Tools Inc Customer Service 909 Asbury Drive Buffalo Grove, IL 60089 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$1,274.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.372 Nonpriority creditor's name and mailing address Zuerlein Darrell 13620 246th St. Hermosa, SD 57744 Date(s) debt was incurred <u>Various</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. \$88.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	180,028.36
5b.	+	7,961,888.05
5c.	\$	8,141,916.41

7/22/18 10:40PM

Fill in this information to identify the case:Debtor name **Freedom Munitions, LLC**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**Case number (if known) **18-50615-btb**
☐ Check if this is an amended filing
Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?
☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*
2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Service Order Agreement - Business Voiceedge Services**

State the term remaining

List the contract number of any government contract

Comcast Business
PO Box 34744
Seattle, WA 98124

2.2. State what the contract or lease is for and the nature of the debtor's interest **Commerical lease of property located at 12243 Fuqua Street, Houston TX 77089**

State the term remaining **10/1/2019**

List the contract number of any government contract

Fuqua Park Row, LLC
c/o Mike Little
J.M. Little Attorney at Law, P.C.
5718 Westheimer, Suite 1840
Houston, TX 77057

2.3. State what the contract or lease is for and the nature of the debtor's interest **Commercial Lease of property located at 17482-B Hwy 290 Houston, TX 77040**

State the term remaining **12/31/2018**

List the contract number of any government contract

Gordon Partners
4900 Woodway Drive #1125
Houston, TX 77056

2.4. State what the contract or lease is for and the nature of the debtor's interest **Segment sponsor on podcast**

State the term remaining **3/31/2019**

List the contract number of any government contract

Talking Lead, LLC
306 Royal Glen Blvd.
Murfreesboro, TN 37128

Fill in this information to identify the case:Debtor name Freedom Munitions, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-50615-btb☒ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Ammo Load Worldwide, Inc.	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Ammo Load Worldwide, Inc.	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Big Canyon Environmental, LLC	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Big Canyon Environmental, LLC	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Clearwater Bullet, Inc.	153 Southport Ave., Building 4 Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Freedom Munitions, LLCCase number (if known) 18-50615-btb**Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	Clearwater Bullet, Inc.	153 Southport Ave., Building 4 Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Components Exchange	Molly K 21530 Buckskin Ln. Peck, ID 83545	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Components Exchange	2337 3rd Ave. N Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	David Howell	PO Box 1903 Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Howell Machine, Inc.	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Howell Machine, Inc.	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Howell Munitions & Technology, Inc.	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Howell Munitions & Technology, Inc.	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Freedom Munitions, LLCCase number (if known) 18-50615-btb**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
 Column 1: Codebtor Column 2: Creditor

2.14	Howell Munitions & Technology, Inc.	815 D Street Lewiston, ID 83501	Integrity Bank, SSB	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Howell Munitions & Technology, Inc.	815 D Street Lewiston, ID 83501	NMHG Financial Services, Inc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Lewis-Clark Ammunition Components, LLC	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Lewis-Clark Ammunition Components, LLC	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	Twin River Contract Loading, Inc.	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	Twin River Contract Loading, Inc.	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	X-Treme Bullets, Inc.	815 D Street Lewiston, ID 83501	US Dept. of Treasury	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	X-Treme Bullets, Inc.	815 D Street Lewiston, ID 83501	ZB. N.A., DBA Zions First National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Freedom Munitions, LLCCase number (if known) 18-50615-btb**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.22 Howell Munitions
& Technology,
Inc. 815 D Street
Lewiston, ID 83501

Fuqua Park Row,
LLC

☐ D _____
☐ E/F _____
☒ G 2.2

2.23 Howell Munitions
& Technology,
Inc. 815 D Street
Lewiston, ID 83501

Gordon Partners

☐ D _____
☐ E/F _____
☒ G 2.3

Fill in this information to identify the case:Debtor name Freedom Munitions, LLCUnited States Bankruptcy Court for the: DISTRICT OF NEVADACase number (if known) 18-50615-btb☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that applyGross revenue
(before deductions and exclusions)**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply3.1. **Gordon Partners**
4900 Woodway Drive #1125
Houston, TX 77056

5/18/2018

\$10,953.00

- ☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

Debtor **Freedom Munitions, LLC**Case number (if known) **18-50615-btb****4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Alcohol & Tobacco Tax & Trade Bureau	Asserted unpaid federal excise tax	US Dept. of Treasury Alcohol & Tobacco Tax & Trade Bureau 550 Main Street, Suite 8002 Cincinnati, OH 45202-5215	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 2

Debtor **Freedom Munitions, LLC**Case number (if known) **18-50615-btb**☐ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Dates of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.Who was paid or who received the transfer?
Address

If not money, describe any property transferred

Dates

Total amount or value

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☐ None.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.Who received transfer?
Address

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To14.1. 17482 B Hwy
Houston, TX 7704014.2. 11243 Fuqua Street
Houston, TX 77089**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

Debtor **Freedom Munitions, LLC**Case number (if known) **18-50615-btb**

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
☒ Yes. State the nature of the information collected and retained.

Customer names; addresses; email; phone numbers; account numbers

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Howell Munitions & Technology, Inc. 401k Plan

Employer identification number of the plan

EIN: **46-4050425**

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with access to it
Address

Description of the contents

Do you still have it?

Zions First National Bank
107 S. Main Street
Moscow, ID 83843-2805

Brain McBee; Rudy
Zaruba

Cash box with Loomis

☒ No
☐ Yes

Debtor **Freedom Munitions, LLC**Case number (if known) **18-50615-btb****20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
11243 Fuqua Street Houston, TX 77089	Rudy Zaruba; Brian McBee	Inventory	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None
Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
☐ No.

☒ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
Administrative Agreement 11-0181-00A, et al.	Environmental Protection Agency 1200 Pennsylvania Ave. NW Washington, DC 20460	Releasing hazardous waste water without a permit	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?
☒ No.

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?
☒ No.

☐ Yes. Provide details below.

Debtor **Freedom Munitions, LLC**Case number (if known) **18-50615-btb**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26a.1. **Angela Smith**
815 D street
Lewiston, ID 83501

2/29/15 to 5/25/18
6/25/18 to present

26a.2. **Kathie Marion**
815 D Street
Lewiston, ID 83501

12/3/14 to present

26a.3. **Shaun Barclay**
815 D Street
Lewiston, ID 83501

2/2014 to present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service
From-To

26b.1. **Moss Adams**
601 Riverside Ave., Suite 1800
Spokane, WA 99201

2015 to 2018

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are
unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Global Commercial Credit**
Mark Matleney
30200 Telegraph Road, Suite 450
Bingham Farms, MI 48025

Debtor **Freedom Munitions, LLC**Case number (if known) **18-50615-btb****Name and address**

26d.2. **Global Commercial Credit**
Victor Sandy
30200 Telegraph Road, Suite 450
Bingham Farms, MI 48025

26d.3. **Zions First National Bank**
Mark Siegel
One South Main Street, Suite 300
Salt Lake City, UT 84111

26d.4. **Cascadia Capital LLC**
1000 2nd Ave., Suite 1200
Seattle, WA 98104

26d.5. **Advanced CFO**
13601 W McMillan Rd
#102
Boise, ID 83713

26d.6. **Integrity Bank, SSB**
4040 Washington Ave.
Houston, TX 77007-5606

26d.7. **Complete Capital Services, Inc.**
P.O. Box 790448
Saint Louis, MO 63179

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Howell Munitions & Technology, Inc.	815 D Street Lewiston, ID 83501	Owner	100 % of membership interests

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Howell Munitions & Technology, Inc.	815 D Street Lewiston, ID 83501	Managing member	

Debtor Freedom Munitions, LLCCase number (if known) 18-50615-btb

Name	Address	Position and nature of any interest	Period during which position or interest was held
Advanced CFO	13601 W McMillan Rd #102 Boise, ID 83713	CRO	

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation

Howell Munitions & Technology, Inc.; parent corporation

Employer Identification number of the parent corporation

EIN: 46-4050425**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Howell Munitions & Technology, Inc. 401k plan

Employer Identification number of the parent corporation

EIN: 46-4050425**Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

7/26/18

Signature of individual signing on behalf of the debtor

J. Michael Issa
Printed namePosition or relationship to debtor Proposed Chief Restructuring OfficerAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

7/24/18 10:47AM

**United States Bankruptcy Court
District of Nevada**

In re Freedom Munitions, LLC

Debtor(s)

Case No. 18-50615-btb
Chapter 11

VERIFICATION OF CREDITOR MATRIX - AMENDED

I, the Proposed Chief Restructuring Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

7/26/18



J. Michael Issa / Proposed Chief Restructuring Officer
Signer/Title

Freedom Munitions, LLC
815 D Street
Lewiston, ID 83501

Winthrop Couchot Golubow Hollander, LLP
Attn: Robert E. Opera
1301 Dove Street, Suite 500
Newport Beach, CA 92660

Office of the United States Trustee
C. Clifton Young Federal Building
300 Booth Street
Room 3009
Reno, NV 89509

823 D Street, LLC
823 D Street
Lewiston, ID 83501-0000

Advanced CFO
13601 W McMillan Rd, #102
Boise, ID 83713-0000

American Security Brass & Reloading
PO Box 9169
Greerton, Tauranga New Zealand

Ammo Direct
P.O. Box 9169
Greerton, Tauranga New Zealand

Ammo Load Worldwide, Inc.
815 D Street
Lewiston, ID 83501-0000

Art Salas
10629 Pisces Pl
El Paso, TX 79924

Asotin County Landfill
2901 Sixth Avenue
Clarkston, WA 99403-0000

Avista Utilities
1411 E Mission Ave
Spokane, WA 99252-0000

Big Canyon Environmental, LLC
815 D Street
Lewiston, ID 83501-0000

Brian McVickers
3035 N Tarra Ave., Suite 1
Prescott, AZ 86301

California Dept. of Tax and Fee Admin., Special
Operations Bkcty Team, MIC:74
PO Box 942879
Sacramento, CA 94279-0074

Chris James
4020 Preserve Crossing Ln
Cumming, GA 30040

Chris Wood
320 Shen Elk Plaza
Elkton, VA 22827

Clearwater Bullet, Inc.
153 Southport Ave., Building 4
Lewiston, ID 83501-0000

Complete Capital Services, Inc.
22811 Greater Mack Ave., Ste. 203
Saint Clair Shores, MI 48080-0000

Components Exchange, LLC
815 D Street
Lewiston, ID 83501-0000

Corporation Service Company, as Rep, Attn: Legal
Dept.
PO Box 2576
Springfield, IL 62708-0000

Dan Hellickson
1662 Ashley Drive
Clarkston, WA 99403-0000

David Chang
412 Foxcroft Circle
Royersford, PA 19468

Derek Jump
730 W Wilshire Blvd. Suite 114
Oklahoma City, OK 73116

Engin Hidir
1382 Sokak 8/3
Alsancak Ismir, Turkey 35220

Fastenal Company
2001 Theurer Blvd.
Winona, MN 55987-0000

GatorMan Bartow
5805 Ivey Lane
Hahira, GA 31632

Gregory A Tappan
PO Box 755
Stayton, OR 97383

Howell Machine, Inc.
815 D Street
Lewiston, ID 83501-0000

Howell Munitions & Technology, Inc.
815 D Street
Lewiston, ID 83501-0000

Jeff Carson
2320 Commerce Street
Tacoma, WA 98402

Jeremy Ttag
1205A Glenda Dr.
Round Rock, TX 78681

Jordan Morkved
502 S Davis St.
Walton, IN 46994

Kenneth B Reed
One Hancock Dr.
Lompoc, CA 93436

Lax Firing Range
234 S. Hindry Ave.
Inglewood, CA 90301-0000

Lee Biegert
1371 CR 317
Lavernia, TX 78121

Lee Bolduc
2733 N Power Rd, Ste 102
Mesa, AZ 85215

Lewis-Clark Ammunition Components, LLC
815 D Street
Lewiston, ID 83501-0000

Luis Chirino
661 Brea Canyon Road Unit 7
Walnut, CA 91789

Miami Police Depot, Inc.
2640 W. 84th St.
Hialeah, FL 33016-0000

Mike Plouffe
509 Runnymede Ct
Fayetteville, NC 28314

Mound House True Value Hardware
10189 Hwy 50 E
Carson City, NV 89706-0000

Nevada Dept of Environmental Protection
2030 E. Flamingo Road, Suite 230
Las Vegas, NV 89119-0000

Nicole Lauren Brown
1851 N Green Valley Pkwy, Apt. 621
Henderson, NV 89074

Nuvodia, LLC
801 S Stevens Street
Spokane, WA 99204-0000

NV Energy
PO Box 30065
Reno, NV 89520-0000

Parallel Group
1380 Hamel Road
Hamel, MN 55340-0000

Perfection Tire of Lewiston
533 Thain Road
Lewiston, ID 83501-0000

Phillip A Swiderski Sr
15971 Smokey Hollow Road
Traverse City, MI 49686-0000

Precision One Ammo
2071 Wambaw Creek Road
Charleston, SC 29492-0000

STI Brasil (Tactical Gear Imports), AV. Professor
Mario Werneck
2275 Bairro Buritis
Belo Horizonte, Minal Gerais Brazil

Team Wilson Combat
2452 CR 719
Berryville, AR 72616-0000

Tim Henrich
137 Fieldview Drive
Greencastle, PA 17225

Tony Lacoste
700 Millcreek Lane
Leander, TX 78641

Travelers
PO Box 660317
Dallas, TX 75266-0000

Twin River Contract Loading, Inc.
815 D Street
Lewiston, ID 83501-0000

Unis "Ginex" d.d. Gorazde
Visegradska bb
73000 Gorazde,, Bosnia and Herzegovina

United Tool Corporation
3718 E Newby Street Suite 108
Nampa, ID 83687-0000

X-Treme Bullets, Inc.
25 Stokes Drive
Carson City, NV 89706-0000

ZB. N.A., DBA Zions First National Bank
One South Main Street, Suite 1400
Salt Lake City, UT 84130-0000